LUPINE PUBLISHERS
Open Access

Lupine Online Journal of Nursing & Health care

DOI: 10.32474/LOJNHC.2018.01.000109

ISSN: 2637-6695

Case Report

# Large Inverted Colonic Diverticulum (LICD)

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**Received:** March 15, 2018; **Published:** May 21, 2018

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## Case Report

A 61 years old woman was referred to gastroenterology clinic for evaluation of abdominal pain. She complained from changeless pain in RUQ persisting for three months. She didn't have any other symptoms, anemia, and weight loss.

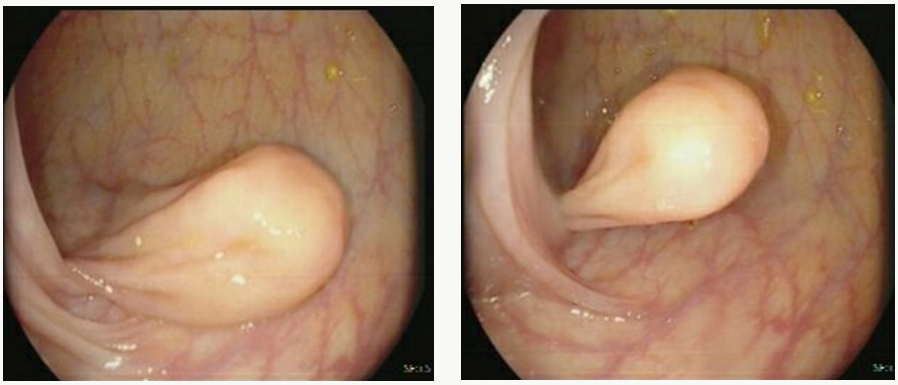

**Figure 1&2:** Endoscopic view of 30×15mm lesion in the ascending colon.

In physical examination, patient didn't have any abnormal sign. Laboratory test were normal. Colonoscopy of the patient showed a 30×15mm sub mucosal lesion in the Ascending colon near to hepatic flexure. In gross view the sub mucosal lesion was similar to normal mucosa with large circumferential pedicle that changed its appearance according to low and high insufflations degree (Figure 1 & 2).

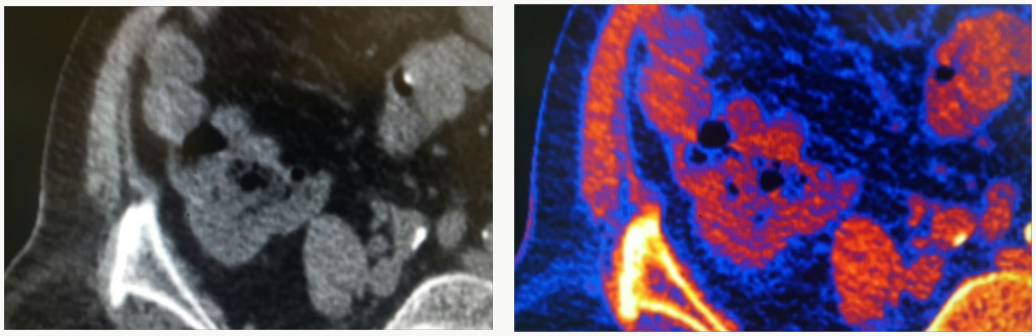

**Figure 3&4:** Well-margined intraluminal mass like lesion measured 31×16mm contain some small gas bubbles is noticed (on Computed Tomography).

CT scan revealed a well-margined intraluminal mass in proximal portion of the Ascending colon measured 31×16mm containing some small gas bubbles with suggestion of a large inverted colonic diverticulum (ICD) (Figure 3-5).

True colonic polyps and Gastrointestinal Stromal Tumors (GISTs) are main differential diagnosis for ICD. This differentiation is very important during colonoscopy. Polypectomy is contraindicated in ICD because of the risk of colonic perforation [1].

ICD occurred in 0.7% of population. Some maneuvers such as air insufflations [2,3], attempting to revert of the lesion with forceps [4], or water jet deformation sign [1] help colonoscopists in diagnosis of ICD.

## Reference

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